IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steven K. Stinson DATE 11/24/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Road right across from Wallace Springs Rd

SUBDIVISION NAME _____ S. R. No. _____

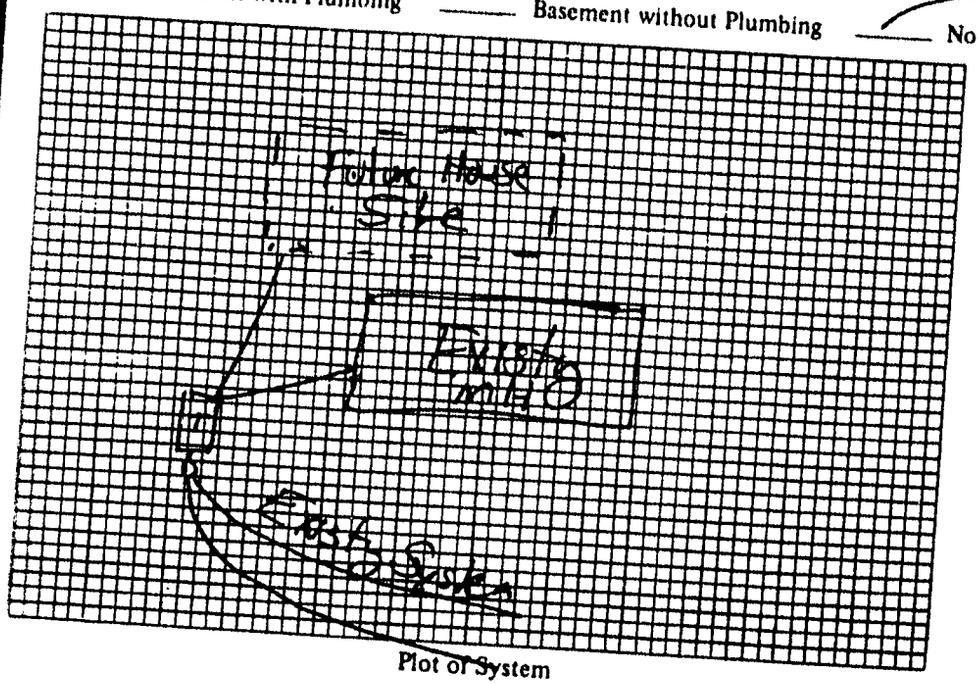
LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Removal of MH, Construction of New Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table Existing
Lot Area 1.5 acres			Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. Existing Lineal Ft.
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: MH to be removed once house is completed.
System functioning properly.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Kelly A. Heath REHS DATE 11/24/86

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold